

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens To Retain Hood				
Full Name of Contributor Richard L. Harris			Registration Number, if PAC	
Street Address 1100 Bedlington Ct.	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$200.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Transfer from Form 31-G, Page 2			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 3
City	State OH	Zip Code	Y 2	Amount \$100.00
Form (Cash, Check, etc.)				
Full Name of Contributor Tom Elston			Registration Number, if PAC	
Street Address 8501 Landseer Drive	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$60.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Robert McPherson			Registration Number, if PAC	
Street Address 7595 Palmer Road	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Andrew King			Registration Number, if PAC	
Street Address 1685 Columbus Rd.	Employer/Occupation/Labor Organization*		M 0	D 3
City Granville	State OH	Zip Code 43023	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Les Davies			Registration Number, if PAC	
Street Address 8907 Lupine Dr.	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Joseph Durham			Registration Number, if PAC	
Street Address 612 E. Dominion Blvd.	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43214	Y 2	Amount \$200.00
Form (Cash, Check, etc.) check				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total S

\$760.00